

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-000532

STATE FILE NUMBER

AMENDED

Registration District No. 47Primary Registration District No. 3008Registrar's No. 15

FILED JAN 22 1962

1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Fulton

Length of stay in 1b

7 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Callaway Memorial Hosp.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Callaway

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Fulton

d. STREET

ADDRESS

417 NW.8th

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Velsora "Zella" Cason Brown

4. DATE

OF
DEATH

Month

Day

Year

January

14, 1962

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Feb. 11/90

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

11

3

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Callaway County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Cason

13b. MOTHER'S MAIDEN NAME

Maggie Faintroy

14. NAME OF HUSBAND ~~DECEASED~~

Dennis Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dennis Brown, 417NW, 8th Fulton Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Terminal Pneumonia

Multiple fractured ribs (Rt. Costal chondroid joint & 4th)

Terminal Congestive Heart Condition

INTERVAL BETWEEN

ONSET AND DEATH

38 days

7 days

6 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebro Vascular Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell at home while feeding poultry (see)

20c. TIME OF INJURY

Hour Month, Day, Year

520

Jan. 7, 1962

20d. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

about the House (Yard)

20f. CITY, TOWN, OR LOCATION

Fulton, Callaway, Missouri

COUNTY

STATE

21. I attended the deceased from

1953

to Jan 14-1962

and last saw her alive on

1/14/62

Death occurred at

5:22 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George J. Wood MD

22b. ADDRESS

614 Market St
Fulton Mo.

22c. DATE SIGNED

1/15/62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

Jan. 18-62

23c. NAME OF CEMETERY OR CREMATORY

Southside Cemetery

23d. LOCATION (City, town, or county)

Fulton, Callaway Missouri

24. FUNERAL DIRECTOR

ADDRESS

George H. Green Fulton, Missouri

25. DATE RECD. BY LOCAL REG.

Jan. 18-1962

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmers' Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 6 1962

MAR 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
George H. Green

Licensed Embalmer No. 4220

P. O. Address Sutton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.